Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | <u>6/15/2010</u> | Address: | 720 S. College Mall Rd |
|---|--|--|--|
| Case #: | 33F30239 | | Bloomington, IN |
| County: | Monroe | | |
| Type of Laboratory Seizure (check one) | | Seizure Location (check all that apply) | |
| Chemic | onal Lab al/Glassware/Equipment (only) te (only) | Residence Outbuilding Vehicle | ☐ Hotel/Motel ☐ Open – No Structure ☐ Other: |
| Items Found: Location (bedroom, kitchen, open air, etc) | | | |
| (check all that apply) Lithium/Ammonia Reaction(s): closet | | | |
| Red Phosphorous/Iodine Reaction(s): | | | |
| ☐ Flammable Solvents: closet | | | |
| Water Reactive Metal (Lithium): residence | | | |
| Anhydrous Ammonia: | | | |
| Hydrochloric Acid Gas Generator(s): | | | |
| Corrosive Acid: closet | | | |
| Corrosive Base: closet | | | |
| Other (i | tem and location): | | |
| Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services | | Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:informant | |
| This report is to be faxed to the following agencies that serve the location: | | | |
| Health Dep | ment: Bloomington Fire Dept artment: Monroe County Health ction Service: | Fax: <u>Hand</u> Fax: <u>812-3</u> Fax: | 39-6481 |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jon L. Patrick</u> Phone <u>812-332-4411</u> | | | |

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.